



NOTES

TRAUMA- & ABUSE-RELATED DISORDERS

GENERALLY, WHAT ARE THEY?

PATHOLOGY & CAUSES

- Mental disorders caused by/associated with **past traumatic/stressful event**
- **Abuse:** intentional mistreatment of others; may be directed at anyone; often features children or the elderly
 - Increases risk of the target developing a mental disorder; generally results in depression or aggressiveness; may incite posttraumatic stress disorder
- Psychological symptoms → behavioral changes
- Individuals might self-medicate with substance use

SIGNS & SYMPTOMS

- Anxiety/fear associated with traumatic/stressful stimuli
- Reduced pleasure, self-acceptance; depression; anger, aggressiveness; dissociation (detachment from present in cognitive/sensory capacity); etc.

DIAGNOSIS

- See individual disorders

TREATMENT

MEDICATIONS

- See individual disorders

PSYCHOTHERAPY

- **Abuse-related:** cognitive behavioral therapy

OTHER INTERVENTIONS

- Manage substance use

PHYSICAL & SEXUAL ABUSE

osms.it/physical_and_sexual_abuse

PATHOLOGY & CAUSES

- Intentional injuring of others, which may include hitting, burning, or even poisoning
- **Sexual abuse:** forced or otherwise **inappropriate** (e.g. in age difference) **sexual behavior** with others

COMPLICATIONS

- Increases risk of the target developing a mental disorder; generally results in **depression** or aggressiveness; may incite **posttraumatic stress disorder**
- Severe abuse may cause prolonged or irreversible damage to the body

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SIGNS & SYMPTOMS

- Bruising, cuts, sores, burns or rashes; fractured or broken bones; damage to internal organs; failure to thrive
- Anxiety related to the abuse
- Dissociative reactions
- Depression
- Aggressiveness
- PTSD
- Sexual abuse
 - Fear of or anxiety towards sexual activity
 - Increased risk of suicide
 - If appropriate, physical symptoms (e.g. physical trauma, STIs, UTIs)

DIAGNOSIS

OTHER DIAGNOSTICS

- Based on individual history and presence of above symptoms

TREATMENT

MEDICATIONS

- Sexual abuse: may require emergency contraceptives or STD prophylactics

PSYCHOTHERAPY

- Focus on screening and prevention; may include symptomatic treatment or psychotherapy (esp. cognitive behavioral therapy)

OTHER INTERVENTIONS

- Medical intervention, as needed
- Referral to protective services for legal/social support

POSTTRAUMATIC STRESS DISORDER (PTSD)

osms.it/PTSD

PATHOLOGY & CAUSES

- Memory of past traumatic event → recurrent mental, physical stress
 - E.g. car crashes; sexual abuse; military service; natural disasters
- Psychological symptoms → behavioral changes
- Individuals might self-medicate with substance use
- Neurological factors
 - Dysfunctions in hypothalamic-pituitary-adrenal axis/endogenous opioid system; deficits in arousal, sleep regulation; family history

SIGNS & SYMPTOMS

- Psychological
 - Nightmares, flashbacks, intrusive thoughts
- Behavioral
 - Avoidance of situations/environments, hypervigilance, hyperarousal → trouble sleeping, general irritability, emotional outbursts
- Children less likely to show distress; often use play to express memories

DIAGNOSIS

OTHER DIAGNOSTICS

- Exposure to traumatic event
- Intrusive symptoms
 - Recurrent, distressful memories, dreams
 - Dissociative reactions
 - Distress/physiological reactions in response to stimuli
- Avoidance of associated stimuli, psychological (e.g. memories)/tangible (e.g. places)
- Negative changes in thoughts, feelings
- Increased sensitivity to event, associated stimuli
- Disturbance lasts > one month → distress in other areas of life
- Disturbance cannot be better explained by another condition/substance

TREATMENT

MEDICATIONS

- Antidepressants, esp. selective serotonin reuptake inhibitors (SSRIs); anti-anxiety; sleep aids

PSYCHOTHERAPY

- Exposure, group therapy

OTHER INTERVENTIONS

- Manage substance use

SOMATIC SYMPTOM DISORDER

osms.it/somatic-symptom-disorder

PATHOLOGY & CAUSES

- Extended periods of unexplainable physical symptoms
- Individuals not faking symptoms (unlike factitious disorder)
- Thinking about physical symptoms → cognitive symptoms (e.g. stress/anxiety)
- Cause unknown; affected individuals sensitive to physical changes → everyday experiences misinterpreted
- High comorbidity with depressive, anxiety disorders

SIGNS & SYMPTOMS

- Somatic symptoms (e.g. pain, sexual, gastrointestinal problems); change over time
- Cognitive symptoms (e.g. worry, anxiety)

DIAGNOSIS

OTHER DIAGNOSTICS

- ≥ one somatic symptoms → distress in other areas of life, last > six months
- Changes in behavior/thinking, related to somatic symptoms
 - Excessive thought about severity of symptoms
 - Anxiety about symptoms/health
 - Devotion of time/energy to symptoms/health
- Severity determined by changes in behavior/thinking
 - Mild = one change
 - Moderate = ≥ two changes
 - Severe = ≥ two changes + multiple physical symptoms/one severe symptom

TREATMENT

PSYCHOTHERAPY

- Improve cognitive symptoms (e.g. cognitive-behavioral/group therapy)